Ohio Department of Agriculture
Governor John R. Kasich • Lt. Governor Mary Taylor
Director David T. Daniels

Division of Plant Health - Pesticide & Fertilizer Section
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PESTICIDE RECERTIFICATION CREDIT APPLICATION

PROGRAM NAME: _____

SPONSOR: _____ **CONTACT PERSON:** _____

ADDRESS: _____ **LOCATION NAME:** _____

CITY, STATE, ZIP _____ **LOCATION ADDRESS:** _____

OHIO COUNTY: _____ **CITY, STATE, ZIP:** _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

FAX NUMBER: _____ **PHONE NUMBER** _____

NUMBER OF RECERT FORMS: _____ ☐ **COMMERICAL CREDITS REQUESTED** ☐ **PRIVATE CREDITS REQUESTED**

Requests for recertification credits MUST be submitted on this form. All recert programs MUST be pre-approved and have codes assigned. (NO CODES – NO CREDIT - NO EXCEPTIONS) This request must be submitted 30 days prior to the program. Please provide the following information regarding time, topics, and speakers. This form must be completely filled out and the program AGENDA AND SPEAKER BIOS MUST be attached. If more pages are needed you can copy this form. Please note that sessions must be 30 minutes or more to receive credit for ½ hour. Sessions must be 60 minutes or more to receive 1 hour credit.

Date	Program Subject Title	Start Time	End Time	Topic	Speaker Name/ Affiliation	Category Requested
02/03/07 (Example)	Pesticide recordkeeping for the pesticide applicator	8 AM	9 AM	Review of recordkeeping requirements , how to record them, etc.	John Doe ODA	10A

FORM SUBMISSION: YOU CAN EITHER E-MAIL THE FORM TO AGRPestRecert@agri.ohio.gov BY CLICKING ON THE E-MAIL BUTTON BELOW OR MAIL THE FORM TO THE ADDRESS ABOVE. BE SURE TO INCLUDE THE ENTIRE PROGRAM AGENDA AND SPEAKER BIOS.

Reset Class Section Only | Reset Entire Form | Email to ODA